DOCUMENT RESUME

ED 287 922 UD 025 835

AUTHOR Bartolomucci, Eileen M.
TITLE The Effect of Depressive Symptoms on the Quality of Parenting and Intimate Relationships in Single Black Women.
PUB DATE 86
NOTE 57p.; Ph.D. Dissertation, University of Pittsburgh.
PUB TYPE Reports - Research/Technical (143) -- Dissertations/Theses - Doctoral Dissertations (041)

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS *Blacks; *Depression (Psychology); *Economically Disadvantaged; Family Environment; Fatherless Family; *Females; Interpersonal Relationship; Life Satisfaction; *One Parent Family; *Parent Child Relationship; Poverty

ABSTRACT

This study examines depressive symptoms in economically disadvantaged black single mothers involved in an intimate relationship with a male friend for at least six months. The effects of depressive symptoms on the following three dimensions of family functioning are evaluated: (1) quality of parenting; (2) quality of intimate relationships; and (3) the subjective experience of life strain. Results of the study indicate that depressed mothers see economic strain and child adjustment differently than non-depressed mothers. As the experience of economic strain increases, so does the positive aspects of the mother's relationship to her male intimate. Implications for future research are discussed. Appendices include copies of the survey tools. An extensive list of references is included. (PS)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

10-23-85

BEST COPY AVAILABLE

ED287922

THE EFFECT OF DEPRESSIVE SYMPTOMS ON THE QUALITY OF PARENTING AND INTIMATE RELATIONSHIPS IN SINGLE BLACK WOMEN

By

Eileen M. Bartolomucci

B.A., Bowling Green State University, 1971

M.A., Duquesne University, 1984

Submitted to the Graduate Faculty in the School of Education in partial fulfillment of the requirements for the degree of Doctor of Philosophy

University of Pittsburgh

1986

"PERMISSION TO REPRODUCE THIS MATERIAL IN MICROFICHE ONLY HAS BEEN GRANTED BY

Eileen M. Bartolomucci
Univ. of Pittsburgh

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy

UD 025035

ACKNOWLEDGEMENTS

I wish to thank Dr. Jerome Taylor, advisor and committee chairperson who provided encouragement and support through out this project. His contributions to my growth, both intellectually and as a person have been immeasurable.

A special thank you to Dr. Louis Chandler and Dr. Lynn Katz who were readers for this project.

To all my fellow students in the research group, and especially Agnes Franklin, thank you for the support and kind words during this project.

Thank you to all the MRSL staff who helped me format the paper.

Finally, a special "thank you" to WJR for patience and trust.

TABLE OF CONTENTS

Page

Acknowledgements ii

List of Tables iii

List of Figures iv

Chapter 1 1

Introduction 1

Chapter 2 3

Review of the Literature 3

Quality of parenting and child outcomes 3

Quality of intimate relationships 5

Subjective and objective economic strain 6

Summary 7

Chapter 3 9

Hypotheses 9

Chapter 4 10

Limitations 10

Subjects 11

Instruments 12

Beck Depression Inventory 12

Stress Response Scale 12

Parent's Relationship to Male Friend 12

Friend's Relationship to Parent 13

Parent's Relationship to Child 13

Economic Strain 14

Procedures....14
Proposed Analysis of Data....15
Chapter 6....16
Results....16
Description of the sample....16
Data on the quality of measures....18
Data on hypotheses....19
Data on intercorrelations....22
Chapter 7....28
Discussion....28
Quality of measures....28
Overall group differences....28
Overall patterns of intercorrelations....29
Within group patterns of intercorrelation....30
Inplications for future research....32
Appendices....33
Appendix A....34
Appendix B....37
Appendix C....39
Appendix D....40
Appendix E....41
Appendix F....42
Appendix G....43
References....46

LIST OF TABLES

Table		Page
1	Summary of Educational Variables	17
2	Summary of Occupational Variables	18
3	Descriptive Statistics and Reliability on the Instruments	19
4	Differences Between Depressed and Nondepressed Mothers on the Five Variables	20
5	ANCOVA for Economic Strain	21
6	ANCOVA for Stress Response Scale	21
7	Pearson Intercorrelations for the Five Variables	23
8	Pearson Intercorrelations on the Five Variables for the Depressed Group	24
9	Pearson Intercorrelations on the Five Variables for the Nondepressed Group	25

LIST OF FIGURES

Figure		Page
1	Interrelationships for the Five Variables	24
2	Interrelationships for the Depressed Group	26
3	Interrelationships for the Nondepressed Group	26

CHAPTER 1

Introduction

By 1984 over half of all black families with young children were mother-child units (Norton & Glick, 1986). Often these single-parent, female-headed households were economically deprived which increased the stress experienced by both mother and child (Norton, 1985). Single parents often face issues of loneliness, lack of time for their personal life, and fatigue from the responsibility of raising children alone. Simpson (1978) and Malson (1982) report that single black mothers frequently maintain a support system of extended kin relations and often a male friend lives with the female.

Depressive symptoms are a reality for many women, because of their peculiar status in our society. Women have less power because of sexism and role socialization. Black women must continually fight the negative image projected on them by society. They are expected to nurture as well as work to support the family. Yet, the black woman is the lowest - paid worker, held in the least esteem, and has little power on the socioeconomic heirarchical ladder. She performs her role well, but receives few rewards. This imbalance can contribute to the sense of hopelessness, despair, and depression found in some black women (Carrington, 1980).

This study examines depressive symptoms in economically disadvantaged black single mothers involved in an intimate relationship with a male friend for at least six months. The effects of depressive symptoms on three

dimensions of family functioning will be evaluated in this study. These three dimensions are: quality of parent and child outcomes, quality of intimate relationships, and the subjective experience of life strain. Results of this study may help contribute to a better understanding of how depressive symptoms in a high-risk sample of single black women influence significant relationships and child outcomes in the family.

CHAPTER 2

Review of the Literature

Quality of Parenting and Child Outcomes

Acute depression significantly impairs a woman's capacity as a mother. It impairs her ability to share her child's development and in particular, it impairs her ability to manage her ambivalence in her emotional relationship with her children (Phillips, 1979). In a recent review of the literature Beardslee, Bemporad, Keller, and Klerman (1983) reported that these children may exhibit clinical symptoms, behavioral disorders, and are at a high risk for psychopathology.

It has been suggested that black mothers frequently contribute to negative child outcomes, or that black mothers reinforce behaviors that facilitate the coping skills of black children living in a white society (Myers, 1982). Even though black women place a high value on their roles as mothers, depressive symptoms may interfere with these roles.

The impact of the depressed mother differs, depending on the child's age and stage of development. Weissman, Paykel, and Klerman, (1972) report that for infants the depressed mother may be hostile, overindulgent, or helpless and may not be able to separate herself from her child. The child may be vulnerable to subsequent separations and have poor ego boundaries. The depressed mother of a school age child may be withdrawn, irritable, and unable to become deeply involved in her children's lives. The school age child may feel isolated and these children may have school and peer relationship problems.

Mothers who were depressed during their child's adolescence may have difficulty communicating and have feelings of envy, competition, and resentment. Weissman and

Siegal (1972) found that this was the most difficult stage for both mother and child. The adolescent's behavior was characterized by rebellion, rather than exploration. Many of these children were defiant and withdrawn and tended to exploit their mother's helplessness.

Bond and McMahon (1984) studied 40 mother-child pairs. Twenty of these married mothers were having severe personal adjustment problems. The other 20 mother-child pairs were considered nondistressed. The authors found that the distressed mothers viewed themselves as more anxious and depressed and viewed their children as having more behavior problems, particularly in the area of undercontrol. They suggest that the distressed mothers may engage in fewer adaptive parenting behaviors with their children, who were more deviant.

A study by Billings and Moos (1983) compared children of 133 depressed parents and children of 135 nondepressed parents. They took a socio-environmental perspective and found that the children of depressed parents had significantly more symptoms of somatic, behavioral, and emotional impairment. They also found that while a parent's depression may contribute to a negative family milieu, there are other influential variables such as the overall family environment and the adaptation of individual members.

Child rearing patterns for depressive, abusive, and normal mothers were examined by Susman, Trickett, Iannotti, Hollenbeck, and Zahn-Waxler (1985). They found that depressive and abusive mothers both expressed inconsistency, hostility, and protectiveness toward their children. Both groups used anxiety and guilt-inducing methods to control their children. These authors found that lower socioeconomic status (SES) and having a female child contributed to negative parenting behaviors.

Quality of Intimate Relationships

Women who are depressed often have impaired relationships with men. Weissman and Paykel (1974) and Rustow, Dunner, Bleecker, and Fieve (1978) found that depressed women were submissive, dependent, and had difficulty communicating with their mates. In a study of depressed black women Carrington (1980) found that these women frequently experience intense conflicts with their mates. Both black and white depressed women exhibit a similar pattern of hopelessness and despair.

A study by Bullock, Siegal, Weissman, and Paykel (1972) examined 40 married, depressed women and 40 married, nondepressed controls. They concluded that the depressed women showed deficiencies in their autonomy and capacity for intimacy, even though they maintained some outward performance of marital tasks.

Merikangas, Prusoff, Kupfer, and Frank (1985) found that depressed couples rated their marriages as significantly worse in all areas than a matched control group. The depressed couples reported that their marriages were not happy and were worse than other marriages with which they were familiar. Sexual relationships were less satisfying and spouses reported that the marriage did not meet their expectations for romance, closeness, and affection. Despite the poor marital functioning, the majority of the depressed couples said that they would marry the same person again. The authors concluded that the couples did not blame their partner for their marital difficulties. Instead, it seems that the negative self-concepts of the depressives influenced their ability to adjust to a marital relationship. Coleman and Miller (1975) also concluded that women do not necessarily criticize or blame their marriages for their depression.

Bromet and Cornely (1984), in a study of 378 mothers from two different communities, found that depression and depressive symptoms have a more striking relationship to the characteristics of the marriage than to factors related to child rearing.

When considering the relationship between marital quality and depression the authors had no way of evaluating whether the onset of depression led to marital tension or conversely, whether marital tension resulted in increased depression.

In summary, women who report depressive symptoms may have impaired relationships with both their children and men. The depressed mother may be hostile, irritable, and withdrawn and unable to share in her child's development. Depressed women in intimate relationships are often submissive, dependent, and experience intense conflicts with men. The depressive symptoms interfere with the woman's ability to function in two important areas of her life.

Subjective and Objective Economic Strain

Black women in America are in a state of "double jeopardy" (Beal, 1978). In a society with economic, racial, and political heirarchies, black women are still at the lowest rung of the ladder economically and politically. Black women have little power and live under restrictive conditions. Sex and race discrimination operate to decrease the social and economic role choices available to black women. Ladner (1971) and Jackson (1975) suggest that black women are even more disadvantaged compared to other sex-race subgroups, because there is a concentration of other discriminatory statuses in their ranks (e.g., the poor and aged). To be black and female has distinct implications from being either black or female alone (Allen, 1981).

For poor black women the situation may be even worse. These women may be engaged in a perpetual "struggle for existence" (Wilkinson, 1984). Women living in poverty invest considerable effort just to find ways to feed, clothe, and provide shelter for their children. Belle (1979) studied 43 low income black and white mothers and their children. Over half of these women were rated as depressed. At the core of much of this depression was a concern with lack of money, and with related problem of paying bills,

finding a decent place to live, and providing clothing for the children. The author concluded that "as long as women are disproportionately represented in low income groups, they will also be disproportionately represented among the depressed" (Makosky, 1982, p. 50).

Many studies have attempted to estimate the incidence and rate of depression in black Americans. Several studies have found an increased risk for depression among non-white subjects (Warheit, Holzer, & Schwab, 1973; Weissman & Myers, 1978). However, Warheit, Holzer, and Avey (1975) reported that there is no evidence that race is a primary etiologic factor in accounting for the differences in the rates of depressive illness between blacks and whites. Rather, socioeconomic status is the primary factor accounting for the difference. Neighbors (1984) concluded that being poor and black, combined with having to undergo some type of economic crisis, creates psychological distress.

Within the highest risk group of low-income black single mothers, that is, when socioeconomic status is fixed at the lowest range, do depressed mothers report more economic strain than nondepressed mothers? Beck's cognitive theory would predict that they do, a prediction which accords empirically with the results of studies by Radoff (1975), Pearlin and Johnson (1977), and Brown and Harris (1978). Thus, economically disadvantaged black women are at a higher risk for depression.

Summary

Women who report depressive symptoms often have impaired relationships with their children. These children may be at higher risk for behavioral disorders and possible psychopathology. The intimate relationships of depressed women may also suffer because of intense conflicts with their mates. A compounding factor for depression is the experience of economic strain. Women who undergo some type of economic crisis

often experience psychological distress. This study considers the effects of women's depressive symptoms on their children and male friends as well as their subjective experience of economic strain.

CHAPTER 3

Hypotheses

Five hypotheses were proposed for this study: One hypothesis related economic strain to depressive symptoms; two hypotheses related the woman's depressive symptoms and her perception of her children; and two hypotheses related the woman's depressive symptoms and her perception of her male friend.

1. Women reporting more depressive symptoms will report higher economic strain than women reporting less depressive symptoms.
2. Women reporting more depressive symptoms will perceive their relationship with their children in a more negative manner than women reporting less depressive symptoms.
3. Children of women reporting more depressive symptoms will have higher total scores on the Stress Response Scale than children of women reporting less depressive symptoms.
4. Women reporting more depressive symptoms will perceive their relationship to their male friend in a more negative manner than women reporting less depressive symptoms.
5. Women reporting more depressive symptoms will perceive their male friend's relationship to them in a more negative manner than women reporting less depressive symptoms.

CHAPTER 4

Limitations

This study was based on data obtained from self-report measures. The limitations of self-report scales have been reported in the literature. Shrauger and Osberg (1981) discuss two limitations which are frequently attributed to self-reports: (1) People may be unaware of some feelings and are often not capable of appraising themselves competently; and (2) people may want to present themselves to others in socially desirable ways. Gibbons (1983) identified three factors which may interfere with accurate self-assessment : (1) Assessment instruments may lack face validity; (2) people may not maintain behavioral consistency and be poor respondents; and (3) people may not consider what the assessment scale measures important.

Researchers have identified problems associated with potential ratings of child behaviors. Kazdin, French, and Unis (1983) suggested that parental ratings of children's depression may depend on the child's gender, I.Q., and the parental relationship to the child, as well as the child's psychopathology. Connors (1970) suggested that parental reports may be affected by cultural interpretations of the assessment, social class, ethnic standards of child behavior, and parents' tolerance for "clinical" child behaviors.

According to Chesler (1985), the literature also suggests that self-reports are also widely used in clinics for survey studies. Self-report measures have been the basis for the classification and treatment of a wide range of psychological problems. However, the results of this study should be regarded as exploratory and subject to confirmation using observational as well as non-self-reporting methods.

CHAPTER 5

Subjects

This study utilized subjects who participated in a research project on "Factors Affecting Quality of Family Life Among Black Single Mothers with Male Friends" conducted at the University of Pittsburgh in the Spring of 1985. One-hundred low-income single black mothers who were currently involved in a heterosexual relationship of at least six months duration and had at least one child between 5 and 14 years of age were involved in this study. Each mother was asked to report on her oldest child. The subjects all resided in one of three public housing sites. All the participants and sites were randomly selected.

The 1980 City of Pittsburgh census data indicated that 80.2% of its black residents lived in 27 predominantly black neighborhoods. The majority of single black females lived in segregated public housing units, and the subjects for this study were drawn from three of these neighborhoods. The number of residents selected to participate was determined by the number of residents in each of the housing units. The following are the number of interviews from each site: Thirty-four interviews at site one; forty-two interviews at site two; and twenty-four interviews at site three, for a total of one-hundred interviews.

The mean age of this sample was 29.4. Level of education ranged from completion of some grade school to some graduate study, with 45 percent of the sample having graduated from high school or having earned a GED. Occupational status ranged from unemployed to professional work, with 47 percent of the sample identified as homemakers. The mean income for 97 reported cases was $6,896 (S.D. = $889).

From this sample, 30 women were drawn who scored in the moderate to severe range on the Beck Depression Inventory. These women were classified as reporting

depressive symptoms. Another 30 women were drawn from the same sample as the control group. This non-depressed group was matched to the depressive group on socioeconomic status.

Instruments

Beck Depression Inventory (BDI). The BDI was derived from clinical observations of symptoms and attitudes displayed by depressed psychiatric clients (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961). Beck (1967) defines depression in terms of the following characteristics: (1) A specific change in mood such as sadness, loneliness, and apathy; (2) a negative self-concept; (3) a desire to hide, escape, or die; (4) vegetative changes such as insomnia, anorexia, or loss of libido; and (5) a change in activity level such as agitation or retardation.

The inventory (see Appendix A) consists of 21 items, each describing a specific behavioral manifestation of depression. The statements are ranked from neutral to severe to reflect the range of symptoms. Numerical values from 0 to 3 are assigned to each statement to indicate the degree of severity. The BDI is scored by adding the individual responses with a total score range from 0 to 63.

Psychometric studies of the BDI (Beck, et al., 1961) found an odd-even interval reliability coefficient of .86, and total scores correlated .65 with clinicians' ratings of depression. The BDI's correlation with other psychological rating scales and tests ranges between .50 and .80 (Mayer, 1977).

Stress Response Scale (SRS). The Stress Response Scale (Chandler, 1986) is a 40 item measure of a child's emotional status (see Appendix B). The SRS classifies emotional adjustment reactions by the behavior patterns exhibited by the child. These adjustment reactions can be defined as extreme patterns of normal coping behavior

adopted by the child in response to stress (Chandler, 1983; Chandler & Lundahl, 1983; Chandler, Shermis, and Marsh, 1985).

This measure utilizes a Likert-type scale ranging from 0 (never) to 5 (always). A total score is calculated by adding the values for each item. The total score can be converted to a t-score or percentile ranks and compared to the normative sample. The one month test-retest reliability of the scale is .86 and the coefficient alpha is .94.

Parents Relationship to Male Friend (PF) and Friends Relationship to Parent (FP). The mother's perceived relationship to her male friend and her perceived relationship of the male friend to her were evaluated utilizing Taylor's (1985) measures of affiliation (see Appendices C and D). These self-report measures were designed to assess the distribution of rewards and costs in the relationship between the mother and the male friend. Each measure contains two bipolar items written for each of eight categories, one mapping the reward construct and the other the cost, with sixteen total items. Each item is rated on a 9 point scale (0 to 8), with items 2, 4, 6, 8, 10, 12, 14, and 16 comprising the cost items or cost subscale (A) and items 1, 3, 5, 7, 9, 11, 13, and 15 comprising the reward items or reward subscale (B). Scores for each subscale range from 0 to 64. The total score is obtained by reversing the polarity of cost items and adding it to the straight sum of reward items, the total being B + (64 - A). Total scores range from 0 to 128. This study considered the total scores obtained from both the FP and PF inventories. Utilizing an earlier version of these measures (Simpson, 1978) reported split-half reliability on the total score of .85 (N = 70). Additional validational support has been reported by Feiring (1975), Chesler (1985), Curlee (1986), Franklin (1986), and Winicoff (1986).

Parent's Relationship to Child (PC). This measure, developed by Taylor (1985) evaluates the mother's perceived relationship with her child (Appendix E). This self-

report measure was designed to assess the distribution of rewards and costs in the relationship between parent and child. The PC and FP are structurally identical and are scored in the same manner. McDonough (1983) found that mothers with low scores on the PC were more likely to mistreat their children than mothers with moderate to high scores.

Economic Strain (ES). This measure was adapted from a model proposed by Pearlin, Menaghan, Lieberman, and Mullan (1981) (see Appendix F). The Likert-type scale documents the difficulty people have in acquiring both the necessities of life -- food, clothing, and housing -- and some of its options, such as furniture and recreational activities. There are ten questions on the scale and scores can range from 0 to 40. Pearlin, et al., reported a four-year test-retest reliability of .59.

Procedures

This research project was drawn from a larger study. The study examined the extent to which cultural, social, economic, and religious factors influenced single black mother's perceptions of themselves, their male friends, and their children, as well as their children's social and academic development.

Single black mothers who met the criteria for this study were informed of the nature of this study, assured of confidentiality, and told that they could refuse or end participation. They were also informed that they would not be compensated for physical illness or injury. A paper of Informed Consent (see Appendix G) which summarized all of the above was signed by each participant.

Four black undergraduate students were trained as interviewers. These students administered a sociodemographic questionnaire followed by a structured format of self-report measures in each of the participant's homes. The interviews were conducted over

a 90 minute period and each subject who completed the battery received a cash stipend of $5.00.

Before field placement, the interviewers were instructed on the mechanics of test administration. Each student administered as well as took the battery of self-report measures. Throughout the study, interviewers attended weekly group conferences and were monitored in the field.

Proposed Analysis of Data

Total scores calculated on the Beck Depression Inventory were used to determine the level of symptoms for the groups of depressed and nondepressed women. For each of the five hypotheses total scores on each measure for depressed and nondepressed women were utilized to calculate the results. T-tests of independent means were used to determine any significant differences between the two groups.

Chapter 6

Results

Description of the Sample

This study utilized subjects who participated in a research project on "Factors Affecting Quality of Family Life Among Black Single Mothers with Male Friends" conducted at the University of Pittsburgh in the Spring of 1985. One-hundred low-income single black mothers who were currently involved in a heterosexual relationship of at least six months duration and had at least one child between 5 and 14 years of age were involved in this study. The subjects all resided in one of three public housing sites. Participants within the sites were randomly selected from the universe of housing sites in a large urban area. Seventeen questionnaires were self-administered to all subjects. This research project utilized six of the questionnaires.

The mean age of the sample was 29.4. Level of education ranged from completion of some grade school to some graduate study, with 45 percent of the sample having graduated from high school or having earned a GED. Occupational status ranged from unemployed to professional work, with 47 percent of the sample identified as homemakers. The mean income for 97 reported cases was $6,896.

From this sample of 100 women, 30 were drawn who scored in the moderate to severe range (14 and above) on the BDI. This group was classified as reporting depressive symptoms. Another group of 30 women were drawn from the sample as a control group. This nondepressed group (scores of 11 and below on the BDI) was matched to the depressed group on socioeconomic status. The mean income for the

depressed group was $5,267 and the mean income for the nondepressed group was $5,267.

The mean age for the depressed group was 29.5 and the mean age for the nondepressed group was 27.2. The level of education for the depressed group ranged from completion of grade school to business school graduates. For the nondepressed group, level of education ranged from completion of grade school to some graduate study. Table 1 presents a summary of educational variables.

Table 1
Summary of Educational Variables

Educational Attainment	Depressed Women Percentages (n = 30)	Nondepressed Women Percentages (n = 29)
Completed grade school	7	3
Some high school	20	21
High school graduate or GED	56	41
Some college credits	10	10
Business school graduate	7	17
Some graduate credits	0	8
	100	100

Occupational status for the depressed group ranged from unemployed to service work. The nondepressed group's occupational status ranged from unemployed to professional work. Table 2 presents a summary of the occupational variables.

Table 2
Summary of Occupational Variables

Employment Status	Depressed Women Percentages (n = 29)	Nondepressed Women Percentages (n = 30)
Homemaker	59	40
Household help	21	7
Service	11	3
Sales	3	0
Unskilled	3	7
Unemployed	3	12
Clerical	0	7
Semi-skilled	0	7
Business	0	7
Semi-professional	0	7
Professional	0	3
	100	100

The mean age of the children of the depressed group was 9.4. Of this group 19 were females and 11 were males. For the nondepressed group, the mean age of the children was 7.5. In this group there were 12 females and 18 males.

In summary, this subsample of single black mothers had a lower average income than the total sample. The depressed group had a lower occupational range than the nondepressed group. Also there were more older female children of depressed mothers than nondepressed mothers.

Data on the Quality of Measures

Six measures were utilized in this study: 1. BDI, the mother's perception of her depressive symptoms; 2. SRS, the mother's perception of her child's emotional status; 3. ES, the mother's perception of her difficulty acquiring economic necessities and options; 4. PC, the mother's perception of her relationship with her child; 5. PF, the mother's perception of her relationship with her male friend; and 6. FP, the mother's

perception of her male friend's relationship to her. Descriptive statistics on the measures which appear in Table 3 indicate that each measure possesses acceptable dispersion and reliability characteristics.

Table 3

Descriptive Statistics and Reliability on the Instruments

Variabe	Mean	SD	Range	Alpha	n*
BDI	13.23	10.145	0-40	.89	97
ES	20.915	10.298	0-40	.88	82
PC	68.797	12.574	36-94	.83	82
SRS	56.865	9.210	39-75	.89	94
PF	66.508	14.056	40-116	.89	82
FP	66.500	12.931	37-108	.90	97

*Note: Based on data from the larger parent sample in which data points were missing.

Data on Hypotheses

Five hypotheses were proposed for this study: One hypothesis related economic strain to depressive symptoms; two hypotheses related the women's depressive symptoms and her perception of her children; and two hypotheses related the women's depressive symptoms and her perception of her male friend. Table 4 presents the results of the t-tests of independent means for the depressed and nondepressed groups with sex and age of child uncontrolled.

Table 4

Differences Between Depressed and Nondepressed Mothers on the Five Variables

Measure		Depressed Mothers	Nondepressed Mothers	t-value	p
ES	M	24.600	17.1034	2.98	.004
	SD	9.518	9.810		
	n	30			
PC	M	70.1724	67.4667	.82	.413
	SD	12.683	12.536		
	n	29	30		
SRS	M	59.7692	53.9615	2.3751	.05
	SD	8.9635	8.6994		
	n	26	26		
PF	M	67.1333	65.8621	.34	.732
	SD	12.891	15.371		
	n	30	29		
FP	M	67.900	65.100	.84	.407
	SD	15.116	10.374		
	n	30	30		

Since the depressed mothers had a disproportionately high number of females and older children an ANCOVA strategy was utilized. The results are found in Tables 5 and 6.

Table 5

ANCOVA for Economic Strain

Source of variation	Sum of squares	df	Mean square	F	Significance of F
Covariates	1137.600	2	568.800	6.841	.002
Sex	1136.949	1	1136.949	13.675	.001
AGE	47.703	1	47.703	.574	.452
Main effects	440.246	1	440.246	5.295	.025
GROUP	440.246	1	440.246	5.295	.025
Explained	1577.843	3	525.949	6.326	.001
Residual	4572.730	55	83.141		
Total	6150.576	58	106.044		

Table 6

ANCOVA for Stress Response Scale

Source of variation	Sum of squares	df	Mean square	F	Significance of F
Covariates	174.783	2	87.392	1.055	.356
SEX	13.510	1	13.510	.163	.688
AGE	174.512	1	173.512	2.094	.154
Main effects	355.881	1	355.8814	4.295	.004
GROUP	355.881	1	355.8814	4.295	.004
Explained	530.664	3	176.888	2.135	.108
Residual	3977.105	48	82.856		
Total	4507.769	51	88.388		

Hypothesis 1 predicted that women reporting more depressive symptoms would report higher economic strain than women reporting less depressive symptoms. This hypothesis was confirmed with age and sex of the child uncontrolled ($t = 2.98$, $p < .004$, Table 4) and controlled ($F_{1,55} = 5.295$, $p < .025$, Table 5).

Hypothesis 2 predicted that women reporting more depressive symptoms would perceive their relationship with their child in a more negative manner than women reporting less depressive symptoms. This hypothesis was not supported.

Hypothesis 3 predicted that children of women reporting more depressive symptoms would have higher total scores on the SRS scale than children of women reporting less depressive symptoms. This hypothesis was confirmed with age and sex of the child uncontrolled ($t = 2.375$, $p < .05$, Table 4), and controlled ($F_{1,48} = 4.295$, $p < .004$, Table 6).

Hypothesis 4 predicted that women reporting more depressive symptoms would perceive their relationship to their male friend in a more negative manner than women reporting less depressive symptoms. This hypothesis was not confirmed.

Hypothesis 5 predicted that women reporting more depressive would perceive their male friends relationship to them in a more negative manner than women reporting less depressive symptoms. This hypothesis was not confirmed.

Data on Intercorrelations

For exploratory purposes, Pearson product-moment correlations were calculated for the five variables with both groups combined. Table 7 presents a summary of these findings.

Table 7

Pearson Intercorrelations for the Five Variables

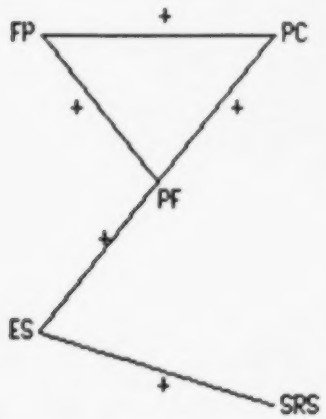
	FP	PF	PC	ES
PF	.6093*			
PC	.4956*	.4845*		
ES	.1237	.3612*	.0398	
SRS	- .0118	.0062	.0386	.3621*

*p < .01, two-tailed tests

This table is based on complete data sets with n's varying between 26 and 30. There were significant positive correlations between PF and FP (r = .6093, p < .0005), PC and FP (r = .4956, p < .0005), PC and FP (r = .4845, p < .0005), ES and PF (r = .3612, p < .003), and SRS and ES (r = .3621, p < .0007). Significant correlations were not found between ES and FP, ES and PC, SRS and FP, and SRS and PC. Under the hypotheses offered in this study, the pattern of results suggest that ES influences FP and SRS, but not FP or PC directly. But since there were significant interrelationships among PF,FP, and PC measures, it is possible that ES influences FP and PC indirectly through PF which is correlated with FP and PC. Figure 1 provides a graph of these interrelationships.

Figure 1

Interrelationships for the Five Variables



Intercorrelations were also calculated on the five variables for the two groups independently. Tables 8 and 9 present a summary of the findings.

Table 8

Pearson Intercorrelations on the Five Variables for the Depressed Group

	FP	PF	PC	ES
PF	.6995*			
PC	.4489*	.4988*		
ES	-.0408	.1859*	- .0194	
SRS	-.1771***	- .0193	.3284**	.2804**

*p < .01
**p < .05
***p < .10

Note: All significance levels are for one-tailed tests used for exploratory purposes

Table 9

Pearson Intercorrelations on the Five Variables for the Nondepressed Group

	FP	PF	PC	ES
PF	.5479*			
PC	.5703*	.4763*		
ES	.2858**	.5174*	.0249	
SRS	.2794**	.0280	- .2760**	.3766*

*p < .01
** p < .05

Note: All significance levels are for one-tailed tests used for exploratory purposes

Both tables are based on complete data sets with N's varying between 26 and 30. For the depressed group, significant positive correlations were found between PF and FP (r = .6995, p < .001), PC and FP (r = .4489, p <.0035), PC and PF (r = .4988, p < .001), ES and PF (r = .1859, p < .04), SRS and PC (r = .3284, p < .025), and SRS and ES (r = .2804, p < .04). There was a nonsignificant negative correlation between SRS and FP (r = -.1771, p < .10). For the nondepressed group, there were significant positive correlations between PF and FP (r = .5479, p < .001), PC and FP (r = .5703, p < .001), PC and PF (r = .4763, p < .003), ES and PF (r = .5174, p < .001), SRS and FP (r = .2794, p < .04), and SRS and ES (r = .3766, p < .01). There was also a significant negative correlation between SRS and PC (r = -.2760, p < .035). As graphed in Figures 2 and 3, significant levels of positive intercorrelations were found in both groups for the variables PF and FP, PC and FP, PC and PF, and SRS and ES.

Figure 2

Interrelationships for the Depressed Group

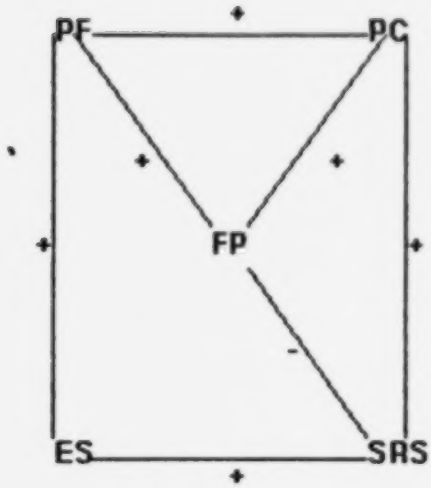
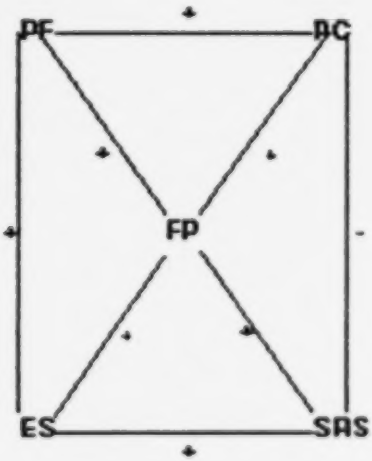


Figure 3

Interrelationships for the Nondepressed Group



Also for the two groups, there were inverse correlations for SRS and PC and SRS and FP. This suggests that for the depressed mothers, the more they valued their relationship to their children the higher they perceived their child's emotional stress. Also, for the depressed mothers, the more negatively they perceived the relationship of the male friend to them, the higher their perception of the child's emotional stress. For the nondepressed group there was a significant positive relationship between ES and FP which suggests that the women under economic strain may turn to their male friend for confidant support. This relationship, while not significant for the depressed group at .05, was in the expected direction.

Chapter 7

Discussion

Quality of Measures

Since this study utilized a number of measures still under development, the distributional and reliability characteristics of each was evaluated. Table 3 indicated that the reliability and distributional qualities of trial measures PC, PF, and FP compared favorably with the BDI and SRS which have been used more extensively in the literature. All measures were associated with relatively normal distributions characterized by internal reliabilities in the low to high .80's, FP achieving an internal reliability of .90. It would appear, then, that as a set the measures used posess acceptable dispersion and reliability characteristics.

Overall Group Differences

Depressed mothers reported higher levels of economic strain and more adjustment problems in their children than did nondepressed mothers, corroborating Hypotheses 1 and 3, respectively. None of the remaining three hypotheses was confirmed. One could argue that these differences are principly a function of perceptual bias. Since depressed persons tend to view their world through pessimistic lens, perhaps it is the case that differences between groups on the ES and SRS measures simply reflect perceptual rather than real differences. While this argument cannot be layed to rest with full confidence, the pattern of results does not accord with it. If perceptual disposition alone explains the difference between groups on the ES and SRS measures, then why are there not significant differences between groups on the

remaining measures --FP, PF, and PC? Tentatively, it can be concluded, then, that differences between groups on the ES and SRS measures are not simply a function of perceptual disposition characterizing depressed and nondepressed groups. Whether in fact economic strain is greater and child adjustment is poorer among depressed women cannot be ascertained from this study which should be replicated utilizing independent measures of child adjustment and economic hardship. What can be concluded provisionally is that depressed mothers in this sample see economic strain and child adjustment differently than nondepressed mothers and that this difference is not simply a function of perceptual disposition characterizing these groups or differences in child age and sex which were controlled through ANCOVA analyses.

Overall Patterns of Intercorrelations

On an exploratory basis, intercorrelations among the sets of measures were examined to identify patterns of covariation to which simple group comparisons are insensitive. Moderate to high positive intercorrelations were found among relational variables -- PF and FP, FP and PC, and PC and PF -- suggesting that relations involving mother, male friend, and child are systemically interdependent. Given the similarity of signs (all positive), it appears that families in this sample tend to be topographically similar: Where one relationship tends to be positive then all tend to be positive. Since the affiliative measures PF, FP, and PC were structured around a basic exchange perspective involving Rewards and Costs, this observation is consistent with reinforcement theory as applied by Lott & Lott (1974) and extended by Taylor (1985).

That economic strain correlated significantly with child maladjustment came as no suprise. Its positive correlation with PF did come as a suprise, however. The implication here is that as the experience of economic strain increases, so does the positiveness of the mothers relationship to her male intimate increase. There are two

ways of interpreting this latter pattern: (a) It is possible that the mother's affiliation with her male intimate opens her to economic exploitation and thus greater economic strain; or (b) it is possible that the mother's experience of economic strain "drives" her into the arms of her male intimate. The implication of these possibilities are rather different. Under the first, the male is "cause" of economic strain and under the second the male is "effect" of economic strain. While the data do not allow a confident decision on either alternative, the second seems more plausible for the following reason: If exploitation characterized the relation in question, then it would be expected that the means associated with FP would be lower in this sample than in other samples, which it is not (cf. Taylor, 1985), and the mean of FP would be lower than PF, again which it is not (cf. Table 4). It appears, then, that economic strain has rather different effects, enhancing the bonding of mother to the male friend and negatively impacting the child's adjustment.

Finally, there were some relations between variables that were not significant, for example, the relationship between PC and SRS. Since it was possible that mechanisms of mediation differed between depressed and nondepressed groups, a decision was made to explore patterns of intercorrelation within each of these groups separately.

Within Group Patterns of Intercorrelation

While differences and similarities in patterns of intercorrelation on relatively small sample data must be interpreted with great caution, within group covariations suggested some rather intriguing relationships worthy of future exploration. Similarities are discussed first.

For both depressed and nondepressed groups, three basic patterns were similar: (a) Interdependence of relationships involving mother, male intimate, and child; (b) positive relationship between economic strain and child maladjustment; and (c) positive relationship between economic strain and the mother's relationship to the male intimate.

That these patterns were found for both groups enhances the external validity of these findings and confidence in them. The higher correlation between economic strain and PF for the nondepressed group (.52) relative to the depressed group (.19) provides a clue as to why the difference between groups was not significant on PF: The underlying process linking these two variables may be quite different between depressed and nondepressed mothers.

There are two striking differences in patterns of covariation between depressed and nondepressed groups: (a) For the depressed group the correlation between the mother's relation to her child and the child's maladjustment score was positive and for the nondepressed group it was negative; and (b) for the depressed group the correlation between the intimate's relation to the mother and child's maladjustment was negative and for the nondepressed it was positive. In other words, patterns reflected under (a) and (b) are oppositely directed, suggesting that intervariable relationships may be conditioned by the prevailing mood of the mother. Or, it could be that reflected patterns are associated with methodological shortcomings of the study's design. Recall that children of depressed mothers were both older (mean age 9.4) and predominantly female (63%) and those of nondepressed mothers younger (mean age 7.5) and predominately male (60%). It is possible that the younger male child of nondepressed mothers perceived the male intimate in rivalrous or competitive ways which contributed to greater maladjustment. This is at least one explanation for the positive correlation between FP and SRS measures within the nondepressed group. Winicoff's (1986) finding that older female children are more influenced than younger male children by the quality of male friend's relation to mother is consistent with the results for the depressed group which contains an older sample of predominately female children. Which of these rival possibilities – methodological shortcomings or mood conditioning effects – is more likely cannot be ascertained in this study. Future studies which carefully control for child age and sex are required.

The opposite relationship between PC and SRS within depressed and nondepressed groups was also unexpected. Depressed mothers who reported greater affiliation toward their children view their children as more maladjusted, the opposite of nondepressed mothers whose affiliation toward their children is inversely related to reported maladjustment. For depressed mother's, it's as if they feel their positiveness toward the child does not make a difference in the child's outcome. Indeed their rewards are reciprocated by high cost. This pattern may reflect the depressed mother's sense that her behavior does not control child outcomes, a mark of external locus of control which characterizes depression generally (Costello, 1982; Clayson & Frost, 1984). In contrast, the negative correlation between PC and SRS for nondepressed mothers may reflect a more internal locus of control orientation. As above, however, age and sex differences between groups lessens confidence in this theoretical interpretation. One could argue, for example, that the younger children of nondepressed mothers are easier to control through maternal actions than the older children of depressed mothers. This could explain the opposite pattern reported as well as the theoretical reason offered. Again, further investigation controlling for child age and sex is required.

Implications for Future Research

This particular study focused on single black mothers with male intimates, one of many family lifestyles in America. Women who are single parents, first married, or remarried all bring to a family different bonding arrangements. The effects of these relationships on the family, need to be recognized and studied further.

As noted in this study, child age and sex were confounded with group membership. It was found that depressed mothers had a much higher proportion of older female children than nondepressed mothers. Whether this was a peculiarity of the sample or a possibly contributing factor to women's higher rates of depression is

unknown. In future research involving family relations and child outcomes, age and sex variables should be unconfounded by design.

Few studies have controlled for SES when evaluating the effects of depression. The present study suggests this might be a fruitful path to follow since their may be different theoretical mechanisms at work when SES controls are introduced in forming high and low depressed groups.

In addition, it should be noted that the results of this study are to be regarded as exploratory since only self- report measures were used. To confirm these results, future research should include observational as well as self- report methods.

APPENDICES

Code Number _____
Date _____

APPENDIX A

DI

Aaron Beck

Groups of statements are listed by letter A, B, and so on, all the way through U. Please read each group of statements carefully. In each group pick out the one statement which best characterizes how you feel right now. Remember, read all the statements in each group before deciding, then check (✓) the one which best applies right now.

A.
____ I do not feel sad.
____ I feel blue or sad.
____ I am blue or sad all the time and I can't snap out of it.
____ I am so sad or unhappy that it is quite painful.
____ I am so sad or unhappy that I can't stand it.

B.
____ I am not particularly pessimistic or discouraged about the future.
____ I feel discouraged about the future.
____ I feel I have nothing to look forward to.
____ I feel that I won't ever get over my troubles.
____ I feel that the future is hopeless and that things cannot improve.

C.
____ I do not feel like a failure.
____ I feel I have failed more than the average person.
____ I feel I have accomplished very little that is worthwhile or that means anything.
____ As I look back on my life all I can see is a lot of failures.
____ I feel I am a complete failure as a person (parent, husband, wife)

D.
____ I am not particularly dissatisfied.
____ I feel bored most of the time.
____ I don't enjoy things the way I used to.
____ I don't get satisfaction out of anything any more.
____ I am dissatisfied with everything.

E.
____ I don't feel particularly guilty.
____ I feel bad or unworthy a good part of the time.
____ I feel quite guilty.
____ I feel bad or unworthy practically all the time now.
____ I feel as though I am very bad or worthless.

F.
____ I don't feel I am being punished.
____ I have a feeling that something bad may happen to me.
____ I feel I am being punished or will be punished.
____ I feel I deserve to be punished.
____ I want to be punished.

G.

____ I don't feel disappointed in myself.
____ I am disappointed in myself.
____ I don't like myself.
____ I am disgusted with myself.
____ I hate myself.

H.

____ I don't feel I am any worse than anybody else.
____ I am critical of myself for my weaknesses or mistakes.
____ I blame myself for my faults.
____ I blame myself for everything bad that happens.

I.

____ I don't have any thoughts of harming myself.
____ I have thoughts of harming myself but I would not carry them out.
____ I feel I would be better off dead.
____ I feel my family would be better off if I were dead.
____ I have definite plans about committing suicide.
____ I would kill myself if I could.

J.

____ I don't cry any more than usual.
____ I cry more now than I used to.
____ I cry all the time now. I can't stop it.
____ I used to be able to cry but now I can't cry at all even though I want to.

K.

____ I am no more irritated now than I ever am.
____ I get annoyed or irritated more easily than I used to.
____ I feel irritated all the time.
____ I don't get irritated at all at the things that used to irritate me.

L.

____ I have not lost interest in other people.
____ I am less interested in other people now than I used to be.
____ I have lost most of my interest in other people, have little feeling for them.
____ I have lost all interest in others, don't care about them at all.

M.

____ I make decisions about as well as ever.
____ I try to put off making decisions.
____ I have great difficulty in making decisions.
____ I can't make any decisions at all any more.

N.

____ I don't feel I look any worse than I used to.
____ I am worried that I am looking old or unattractive.
____ I feel that there are permanent changes in my appearance and they make me look unattractive.
____ I feel that I am ugly or repulsive looking.

O.

____ I can work about as well as before.
____ It takes extra effort to get started at doing something.
____ I don't work as well as I used to.
____ I have to push myself very hard to do anything.
____ I can't do any work at all.

P.

____ I can sleep as well as usual.
____ I wake up more tired in the morning than I used to.
____ I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
____ I wake up early every day and can't get more than 5 hours sleep.

Q.

____ I don't get any more tired than usual.
____ I get tired more easily than I used to.
____ I get tired from doing anything.
____ I get too tired to do anything.

R.

____ My appetite is no worse than usual.
____ My appetite is not as good as it used to be.
____ My appetite is much worse now.
____ I have no appetite at all any more.

S.

____ I haven't lost much weight, if any, lately.
____ I have lost more than 5 pounds.
____ I have lost more than 10 pounds.
____ I have lost more than 15 pounds.

T.

____ I am no more concerned about my health than usual.
____ I am concerned about aches and pains or upset stomach or constipation.
____ I am so concerned with how I feel or what I feel that it's hard to think of much else.
____ I am completely absorbed in what I feel.

U.

____ I have not noticed any recent change in my interest in sex.
____ I am less interested in sex than I used to be.
____ I am much less interested in sex now.
____ I have lost interest in sex completely.

STRESS RESPONSE SCALE

APPENDIX B

SEX ☐ BOY ☐ GIRL	AGE	GRADE
SCHOOL		

DIRECTIONS: This scale consists of 40 items. For each item, mark a (✓) in the blank which best describes the behavior of the child being rated. Please answer *all* items carefully. The scale usually takes about 10 minutes to complete.

	0 Never	1 Almost Never	2 Some-Times	3 Often	4 Almost Always	5 Always
01. Worries						
02. Daydreams						
03. Easily excited						
04. Easily distracted						
05. Demanding						
06. Helpless						
07. Underachiever						
08. Quiet, withdrawn						
09. Selfish						
10. Passive						
11. Temper outbursts						
12. Immature speech						
13. Procrastinates, puts things off						
14. Restless, overactive						
15. Poor attitude toward school						
16. Giddy, silly behavior						

1982 Louis A. Chan

University of Pittsburgh, Pittsburgh, PA 15260

	0 Never	1 Almost Never	2 Sometimes	3 Often	4 Almost Always	5 Always
17. Defiant						
18. Sensitive, easily hurt						
19. Playful						
20. Pays attention						
21. Participates						
22. Talkative						
23. Cares about schoolwork						
24. Declining school grades						
25. Picks on other children						
26. Impulsive						
27. Self-confident						
28. Willful						
29. Fights						
30. Shy						
31. Completes assignments						
32. Nervous, jumpy						
33. Easily upset						
34. Detached, out of touch						
35. Afraid of new situations						
36. Independent						
37. Mischievous						
38. Able to take criticism						
39. Cooperative						
40. Stubborn						

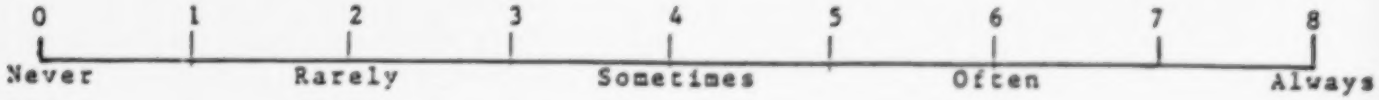
Date _____

APPENDIX C

PF

Jerome Taylor

Read each of the following items carefully. Using the following scale, rate the extent to which each item applies to your relation to your male friend.



____ 1. I say nice things about my male friend's personality.

____ 2. I turn down my male friend's request for help.

____ 3. I enjoy being with my male friend.

____ 4. I dislike my male friend's way of doing things.

____ 5. I find ways to help my male friend.

____ 6. I complain about the least little thing my male friend does.

____ 7. I value my male friend's view on things.

____ 8. I express embarrasment over my male friend's behavior.

____ 9. I boast about my male friend's behavior.

____10. I disregard my male friend's opinion.

____11. I notice little things my male friend does well.

____12. I am too busy to help my male friend.

____13. I support my male friend's interests.

____14. I get uptight around my male friend.

____15. I give assistance when my male friend requests it.

____16. I point out my male friend's faults.

Date _____

APPENDIX D

FP

40.

Jerome Taylor

Read each of the following items carefully. Using the following scale, rate the extent to which each item applies to your male friend's relation to you.

MY MALE FRIEND:

____ 1. says nice things about my personality.

____ 2. turns down my request for help.

____ 3. enjoys being with me.

____ 4. gets turned off by my way of doing things.

____ 5. seeks out ways to help me.

____ 6. complains about the least little thing I do.

____ 7. values my view on things.

____ 8. expresses embarrasment over my behavior.

____ 9. boasts about my behavior.

____10. disregards my opinion.

____11. notices little things I do well.

____12. is too busy to help me.

____13. supports my interests.

____14. gets uptight around me.

____15. gives assistance when I request it.

____16. points out my faults.

Child's Sex ____

Code Number 133
Date ____

APPENDIX E

PC

Jerome Taylor

Read each of the following items carefully. Using the following scale, rate the extent to which each item applies to your relation to your child.

____ 1. I say nice things about my child's personality.

____ 2. I turn down my child's requests for help.

____ 3. I enjoy being with my child.

____ 4. My child's way of doing things turns me off.

____ 5. I seek out ways to help my child.

____ 6. I complain about the least little thing my child does.

____ 7. I value my child's point of view.

____ 8. I express embarrasment over my child's behavior.

____ 9. I boast about my child's behavior.

____10. I disregard my child's opinions.

____11. I notice little things my child does well.

____12. I am too busy to help my child.

____13. I support my child's interests.

____14. I get uptight around my child.

____15. I give assistance when my child requests it.

____16. I point out my child's faults.

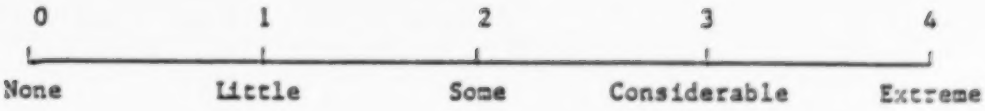
Code Number _____
Date _____

APPENDIX F

ES

Pearlin, et. al.

Using the following scale,



RATE THE DEGREE OF FINANCIAL STRAIN YOU FEEL RIGHT NOW IN...

_____ 1. paying the rent or mortgage.

_____ 2. buying household items that need replacement.

_____ 3. paying for the cost of transportation.

_____ 4. buying food your family should have.

_____ 5. paying for medical care your family should have.

_____ 6. buying clothes your family should have

_____ 7. paying for leisure time activities.

_____ 8. paying your bills.

_____ 9. affording furniture your family should have.

_____10. managing your money from check to check.

APPENDIX G

University of Pittsburgh
INSTITUTE FOR THE BLACK FAMILY

5/8/85 approved
Psychosocial IRB,
University of Pittsburgh

Consent to Participate in a Community Survey of

Factors Affecting the Quality of Family Life

Among Black Single Mothers with Male Friend

Jerome Taylor

Institute for the Black Family

5D01 Forbes Quadrangle

624-0680

DESCRIPTION. The aim of this study is to evaluate the extent to which economic, cultural, social, and religious factors influence how you feel about yourself, how you see relationships within your family, and how you see your child developing. Altogether, a sample of 100 black women with male friends will participate in this study. Eligible black women agreeing to participate will be asked: (a) to fill out questionnaires and to rate statements pertaining to economic, cultural, social, and religious factors; (b) to give their perceptions of relationship with their children and male friends; and (c) to indicate their perception of their children's development.

RISKS AND BENEFITS. The questionnaires will not be harmful, dangerous, or threatening, although they may turn out to be slightly embarrassing at times. Some questions, for example, deal with private thoughts, feelings, or experiences you may have never shared before. Others ask you to think about sensitive or embarrassing subjects that you may be working on or you may have tried to avoid. But most questions you will find are neither sensitive nor embarrassing. While there may not be immediate benefits to women agreeing to participate, the results will contribute to our gaining a better understanding of factors that influence the quality of family life among black single mothers with male friends and our gaining more confident insights into how to improve the quality of family life among black single mothers. We expect that the long-term benefits will outweigh whatever risks of embarrassment may be associated with filling out the questionnaire.

COSTS AND PAYMENTS. Each participant will be paid $3.00 for completing the battery of questionnaires on one occasion.

University of Pittsburgh
INSTITUTE FOR THE BLACK FAMILY

Consent Form

CONFIDENTIALITY**** I understand that any information about me obtained from this research, including answers to questionnaires and history, will be kept strictly confidential. No names will be recorded on the questionnaires. Since no master list will be kept, your research record will be completely anonymous. It has been explained to me that my identity will not be revealed in any description or publication of this research. Therefore, I consent to such publication for scientific purposes.

RIGHT TO REFUSE OR TO END PARTICIPATION:**** I understand that I am free to refuse to participate in this study, to refuse to answer any question, or to end my participation at any time and that my decision will not adversely affect my relationship with the University or cause a loss of benefits to which I might be otherwise entitled.

VOLUNTARY CONSENT: I certify that I have read the preceding or it has been read to me and that I understand its contents. Any questions I have concerning my rights pertaining to the research have been and will be answered by Dr. Jerome Taylor. Any questions I have concerning my rights as a research subject will be answered by the Office of the Senior Vice President, Health Sciences, 624-2600. A copy of this consent form will be given to me. My signature below means that I have freely agreed to participate in this experimental study.

_____ _____
Date Participant's Signature

_____
Witness

INVESTIGATOR'S CERTIFICATION: I certify that I have explained to the above individual the nature and purpose, the potential benefits, and possible risks associated with participating in this research study, have answered any questions that have been raised, and have witnessed the above signature.

_____ _____
Date Signature of Investigator

[illegible] FORBES QUAD, PITTSBURGH PA 15260

REFERENCES

References

Allen, W.R. (1981). The social and economic status of black women in the United States. Phylon, 42, 26-40.

Beal, F. (1969). Double jeopardy: To be black and female. New Generation, 51, 23-28.

Beardslee, W.R., Bemporad, J., Keller, M.B., & Klerman, G.L. (1983). Children of parents with major affective disorder: A review. American Journal of Psychiatry, 140, 825-832.

Beck, A.T. (1967). Depression: Causes and treatment. Philadelphia: University of Pennsylvania.

Beck, A.T., Ward, C.H., Mendelson, M., Mock, J., & Erbaugh, J. (1961). An inventory for measuring depression. Archives of General Psychiatry, 4, 561-571.

Belle, D. (1979). Depression and low-income, female-headed families. In E. Corfman (Ed.), Families today: Mental illness in the family, (pp. 323-345). Washington, D.C.: U.S. Government Printing Office.

Billings, A.G., & Moos, R.H. (1983). Comparisons of children of parents of depressed and nondepressed parents: A social and environmental perspective. Journal of Abnormal Child Psychology, 11, 463-486.

Bond, C.R., & McMahon, R.J. (1984). Relations between marital distress and child behavior problems, maternal personal adjustment, maternal personality, and maternal parenting behavior. Journal of Abnormal Psychology, 93, 348-351.

Bromet, E.J., & Cornely, P.J. (1984). Correlates of depression in mothers of young children. Journal of the American Academy of Child Psychiatry, 23, 335-342.

Brown, G.W., & Harris, T.O. (1978). Social origins of depression: A study of psychiatric disorder in women. New York: Free Press.

Bullock, R.C., Siegal, R., Weissman, M., & Paykel, E.S. (1972). The weeping wife: Marital relations of depressed women. Journal of Marriage and the Family, 34, 488-495.

Carrington, C.H. (1980). Depression in black women: A theoretical apprasial. In L.F. Rogers-Rose (Ed.), The black women (pp. 265-272). Beverly Hills, CA: Sage.

Chandler, L.A. (1983). The stress response scale: An instrument for use in assessing emotional adjustment reactions. School Psychology Review, 12, 260-265.

Chandler, L.A. (1986). The stress response scale: A manual (rev. ed.). Unpublished manuscript, University of Pittsburgh, The Psychoeducational Clinic, Pittsburgh, PA.

Chandler, L.A., & Lundahl, M.S. (1983) Emperical classification of emotional adjustment reactions. American Journal of Orthopsychiatry, 53, 460-467.

Chandler, L.A., Shermis, M.D., & Marsh, J. (1985). The use of the stress response scale in diagnostic assessment with children. Journal of Psychoeducational Assessment, 3, 15-29.

Chesler, B. (1985). Network effects on single black mothers' relationships with their children. Unpublished master's thesis. University of Pittsburgh, Pittsburgh, PA.

Clayson, D.E., & Frost, T.E. (1984). The impact of stress and locus of control on the concept of self. Journal of Counseling and Clinical Psychology, 55, 919-926.

Coleman, R.E., & Miller, A.G. (1975). The relationship between depression and marital maladjustment in a clinic population: A multitrait-multimethod study. Journal of Counsulting and Clinical Psychology, 43, 647-651.

Connors, K.C. (1970). Symptom patterns in hyperkinetic, neurotic, and normal children. Child Development, 41, 667-682.

Costello, E.J. (1982). Locus of control and depression in students and psychiatric outpatients. Journal of Clinical Psychology, 38, 340-343.

Curlee, J. (1986). Effects of intimate relationships on child adjustment in a sample of black inner city women. Unpublished doctoral dissertation. University of Pittsburgh, Pittsburgh, PA.

Feiring, C. (1975). The influence of the child and secondary parent on maternal behavior: Toward a social systems view of early infant-mother attachment. Unpublished doctoral dissertation. University of Pittsburgh, Pittsburgh, PA.

Franklin, A. (1986). Influence of economic, social, religious, and cultural factors on depression in single black women with male friends. Unpublished doctoral dissertation. University of Pittsburgh, Pittsburgh, PA.

Harrison, A. (1981). Attitudes towards procreation among black adults. In H.P. McAdoo (Ed.), Black families (pp. 199-208). Beverly Hills, CA: Sage Publications.

Jackson, J.J. (1975). Aging black women. Washington DC: College and University Press.

Kazdin, E., French, W.H., & Unis, A.S. (1983). Child, mothers, and father evaluations of depression in psychiatric inpatient children. Journal of Abnormal Psychology, 11, 167-180.

Ladner, J. (1971). Tomorrow's tomorrow. Garden City, NJ: Doubleday.

Lott, A.J. & Lott, B.E. (1974). The role of reward in the formation of positive interpersonal attitudes. In T.E.Hudson (Ed.), Foundations of interpersonal attraction (pp. 171-192).New York: Academic Press.

Makosky, V.P. (1982). Sources of stress: Events or conditions? In D.Belle (ed.), Lives in stress; Women and depression (pp. 35-53). Beverly Hills, CA: Sage Publications.

Malson, M. (1982). The social support system of black families. Marriage and Family Review, 5, 37-57.

Mayer, J.M. (1977). Assessment of depression. In D.M. Reynolds (Ed.), Advances in psychological assessment. Vol. 4. (pp.358-425). San Francisco: Jossy-Boss.

McDonough, M.C. (1983). Relationships among lashing out, neglect, affiliation, and control in primary parent-to-child relations. Unpublished doctoral dissertation, University of Pittsburgh, Pittsburgh, PA.

Merkingas, K.R., Prusoff, B.A., Kupfer, D.J., & Frank, E. (1985) Marital adjustment in major depression. Journal of Affective Disorders, 9, 5-11.

Meyers, H.F. (1982) Research on the Afro-American family: A critical review. In B.A. Bass, G.E. Wyatt, & G.J. Powell (Eds.), The Afro-American family: Assessment, treatment, and research issues. (pp.35-69). New York: Grune & Stratton.

Neighbors, H.W. (1984). The distribution of psychiatric morbidity in Black Americans: A review and suggestion for research. Community Mental Health Journal, 20, 169-181.

Norton, A.J., & Glick, P.C. (1986). One parent families: A social and economic profile. Family Relations, 35, 9-17.

Norton, E.H. (1985, June 2). Restoring the traditional black family. The New York Times Magazine, pp. 43,79,93,96.

Pearlin, L.I., & Johnson, J.S. (1977). Marital status, life strains, and depression. American Sociological Review, 42, 704-715.

Pearlin, L.I., Menaghan, E.G., Lieberman, M.A., & Mullan, J.T. (1981). The stress process. Journal of Health and Social Behavior, 22, 337-356.

Philips, I. (1979). Childhood depression: Interpersonal interactions and depressive phenomena. American Journal of Psychiatry, 136, 511-515.

Radloff, L. (1975). Sex differences in depression: The effects of occupation and marital status. Sex Roles, 1, 249-265.

Ruestow, P., Dunner, D.L., Bleecker, B., & Fieve, R.R. (1978). Marital adjustment in primary affective disorder. Comprehensive Psychiatry, 19, 565-571.

Shrauger, J.S., & Osberg, T.M. (1981). The relative accuracy of self-predictions and judgements by others in psychological assessment. Psychological Bulletin, 90, 322-351.

Simpson, L.J. (1978). The influence of maternal characteristics, child characteristics, secondary reinforcement effects, and social comparison effects upon the mother-to-child relation. Unpublished doctoral dissertation, University of Pittsburgh, Pittsburgh, PA.

Susman, E.J., Trickett, P.K., Iannotti, R.I., Hollenbeck. B.E., & Zane-Waxler, C. (1985). Childrearing patterns in depressive, abusive, and normal mothers. American Journal of Orthopsychiatry, 55, 237-251.

Taylor, J. (1985). A theory of intimacy. Unpublished manuscript. University of Pittsburgh, Pittsburgh, PA.

Warheit, G.J., Holzer, C., & Avey, S. (1975). Race and mental illness: An epidemiological update. Journal of Health and Social Behavior, 16, 243-256.

Warheit, G.J., Holzer, C., & Schwab, J. (1973). An analysis of social class and race differences in depressive symptomatology. Journal of Health and Social Behavior, 14, 291-299.

Weissman, M.M., & Myers, J.K. (1978). Affective disorders in a U.S. urban community. Archives of General Psychiatry, 35, 1304-1311.

Weissman, M.M., & Paykel, E.S. (1974). The depressed women. Chicago: University of Chicago.

Weissman, M.M., Paykel, E.S., & Klerman, G.L. (1972). The depressed women as a mother. Social Psychiatry, 7, 98-108.

Weissman, M.M., & Siegal, R. (1972). The depressed women and her rebellious adolescent. Social Casework, 53, 563-570.

Wilkinson, D.Y. (1984). Afro-American women and their families. Marriage and Family Review, 7, 125-142.

Winicoff, M. (1986). Behavioral adjustment and quality of significant adult male child relationship: A preliminary study of low income, school-aged, black children. Unpublished master's thesis, University of Pittsburgh, Pittsburgh, PA.